**Recruitment Screener**

|  |
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| **SAMPLE STRUCTURE** |

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| --- |
| **Target Group**:   * Female, 18-45 years, NCCS A * Mixed of joint family, age groups, Married/Single, Working/Non-working. * Equal mix of communities.   **Centre:** Delhi (**Please ensure respondents should be mix of location)**  **No of consumers: 30 (21 Users – 9 AWNTs)**  **Usership:**   * Branded & loose Soya chunks users- Should be consuming soya at least 1 in 2 weeks. * AWNT but should not be aversion for Soya. * Amongst all of them please make a mix of non-veg & vegetarians.   **Methodology:**   * HUT and subsequent offline FGDs * **HUT**: Respondents will be given a total of 2 sample packs which they have consume in the span of 4 days and capture their responses on a link provided by Marico * **Offline FGD**   + 5 members per group   + Total of 6 groups (Plan for 3 groups in one day)   + The venue must have a kitchen.   + **Two venues need to be booked in 2 different Zones of the city.**   **Pre-Requisites:**   * The respondent must have a smart phone. * Should be able to use the smart phone efficiently. |

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| --- |
| **RECRUITMENT PROCESS** |

Name of respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_| Mob: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_|

Name of RC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Back Checked By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Center | Code |
| Delhi | 01 |

Hello, my name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m from Market Xcel which is an independent research company. At present, we are conducting a study on personal care products. In this regard we would like to have some information and hence would ask you some Questions.

Your contribution is voluntary, and you can choose not to answer any question if you don’t want to answer

1. How long have you been living in this city? ***(According to the center for which the recruitment is happening)***?

|  |  |  |
| --- | --- | --- |
| More than 10 years | 1 | Continue |
| 6 to 9 years | 2 | Continue |
| 3 to 5 years | 3 | Terminate |
| Less than 3 years | 4 | Terminate |

1. Have you participated in any market research surveys such as focus group discussions, personal interviews, telephone interviews and so forth, in the past 6 months?

|  |  |  |
| --- | --- | --- |
| Yes | 1 | Thank & Terminate |
| No | 2 | **Continue** |

1. Do you or any of your family members work in the following industries?

|  |  |  |
| --- | --- | --- |
| Publisher of newspaper/ magazine/Media | 1 | Thank & Terminate |
| Advertising/Market research agency | 2 |
| Public relations | 3 |
| Retailer / seller/ distributor / marketer of grocery products | 4 |
| Manufacturer of grocery products | 5 |
| Don’t Know / Refused | 6 |
| Banking & Finance | 7 | **Continue** |
| Govt. organization | 8 |
| Business | 9 |
| None of the Above | 10 |

1. What is your age? **(Please write down EXACT age)** \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Below 18 years | 1 | **Thank & Terminate** |
| 18 - 35 Years | 3 | **Continue** |
| 36 – 45 years | 4 | **Continue** |
| More than 45 years | 5 | **Thank & Terminate** |

Below 18 & above 45 Terminate.

1. Gender

|  |  |  |
| --- | --- | --- |
| Female | 1 | Continue |
| Male | 2 | **Terminate** |

1. Please mention your marital status.

|  |  |  |
| --- | --- | --- |
| Single Living Alone | 1 | Continue |
| Married –No Kids | 2 | Continue |
| Married –With Kids | 3 | **Continue** |

1. Please tell me your current occupation.

|  |  |  |
| --- | --- | --- |
| Student | 1 | **Continue** |
| Housewife | 2 | **Continue** |
| Part time working | 3 | **Continue** |
| Full time working | 4 |

8 a. Please look at this list and tell me which of these items do you have at home? (It could be owned by you, your family or provided by the employer or it could be available in the house you live in; but it should be for the use of just you or your family)

|  |  |  |
| --- | --- | --- |
|  | Electricity Connection | 01 |
| Ceiling Fan | 02 |
| LPG Stove | 03 |
| Two Wheeler | 05 |
| Colour TV | 06 |
| Refrigerator | 07 |
| Washing Machine | 08 |
| Personal Computer/ Laptop | 12 |
| Car/Jeep/Van | 09 |
| Air Conditioner | 10 |
|  | Agricultural Land | 11 |
| **TOTAL NUMBEROF STANDARD DURABLES OWNED** | |  |

8 b Now, I would like to start with knowing something about your household. Please tell me, thinking about the person in the household who makes the biggest contribution to the household expenses, what is the highest level to which he/ she has studied?

|  |  |
| --- | --- |
| **RECORD EDUCATION** |  |

**POST CODE NEW SEC IN THE GRID BELOW**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number of Standard Durables Owned**  **(TRANSFER FROM Q8)** |  | **Illi-**  **Terate** | **School**  **Upto**  **4 yrs** | **School**  **upto**  **5-9 yrs** | **SSC/**  **HSC** | **Some college but not Grad.** | **Grad./**  **PG**  **- Gen.** | **Grad./**  **PG**  **- Prof.** |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **NONE** | **0** | **E3** | **E2** | **E2** | **E2** | **E2** | **E1** | **D2** |
| **1** | **1** | **E2** | **E1** | **E1** | **E1** | **D2** | **D2** | **D2** |
| **2** | **2** | **E1** | **E1** | **D2** | **D2** | **D1** | **D1** | **D1** |
| **3** | **3** | **D2** | **D2** | **D1** | **D1** | **C2** | **C2** | **C2** |
| **4** | **4** | **D1** | **C2** | **C2** | **C1** | **C1** | **B2** | **B2** |
| **5** | **5** | **C2** | **C1** | **C1** | **B2** | **B1** | **B1** | **B1** |
| **6** | **6** | **C1** | **B2** | **B2** | **B1** | **A3** | **A3** | **A3** |
| **7** | **7** | **C1** | **B1** | **B1** | **A3** | **A3** | **A2** | **A2** |
| **8** | **8** | **B1** | **A3** | **A3** | **A3** | **A2** | **A2** | **A2** |
| **9+** | **9** | **B1** | **A3** | **A3** | **A2** | **A2** | **A1** | **A1** |

**Continue only for below**

|  |  |
| --- | --- |
| SEC A | 1 |

**9.Please confirm which all you are aware of?**

**10. Which products do you buy on regular basis?**

**11.Since when are you using these products?**

**12What is the frequency of usage?**

1. At least once in a week

2. Once in two weeks

3. Once in a month

4. Less frequent than once in a month

**13. Currently consuming Branded/Non branded used?**

**14. pack size**

**15. Price**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Items** | **Code** | **Q.9Aware of** | **Q.10 Buy Regularly** | **Q.11 Using Since** | **Q.12 Frequency of usage** | **Q.13 Brand name** | **Q.14 Pack size** | **Q.15 Price** |
| RTC Soups | 1 |  |  |  |  |  |  |  |
| RTC Upma | 2 |  |  |  |  |  |  |  |
| RTC Idli | 3 |  |  |  |  |  |  |  |
| RTC Dhokla | 4 |  |  |  |  |  |  |  |
| RTC Dosa | 5 |  |  |  |  |  |  |  |
| Noodle | 6 |  |  |  |  |  |  |  |
| Namkeen | 7 |  |  |  |  |  |  |  |
| Oats | 8 |  |  |  |  |  |  |  |
| Soya Chunks | 9 |  |  |  |  |  |  |  |
| Haldiram’s | 10 |  |  |  |  |  |  |  |
| RTC Breakfast | 11 |  |  |  |  |  |  |  |
| Any Other | 12 |  |  |  |  |  |  |  |

**Users Must code 9 in Q 9.**

**Soya consumers should be mix of non-branded & branded consumers.**

**AWNT should not be consuming Soya Chunks. Never tried in the past.**

16. Who is the decision maker to purchase these items?

|  |  |  |
| --- | --- | --- |
| 1 | SELF | Continue |
| 2 | OTHER MEMBERS (SPECIFY) | Terminate |

17. Please tell us are you involved in cooking at home?

|  |  |  |
| --- | --- | --- |
| 1 | **Yes** | **Continue** |
| 2 | **No** | **Terminate** |

Terminate if No coded for females

18. Name few dishes you prepare in RTC.

 We would like to invite you to our facility for product testing and would like to have your valuable feedback. Would you like to visit and participate in this activity?   *(Please select one)*

1.    Yes *CONTINUE*

2.    No *THANK & CLOSE*

**INTERVIEWER TO SAY:**

* **You are requested to not wear any fragrance i.e., Deodorant, perfume, oil etc while visiting to the facility.**
* **You are requested to not consume any mint or chewing gum prior the visit.**
* **You are not allowed to visit for the activity if you are suffering with cough, cold or fever. Please do inform us in this situation.**

**COVID 19 Declaration**

**1. YOU HAVE NOT BEEN INFECTED WITH COVID-19 You understand if you have been infected with COVID-19, you will not participate in this study**

**2. YOU ARE NOT CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 TODAY OR HAVE HAD ANY SUCH SYMPTONS IN THE PAST 14 DAYS. You understand if you are currently experiencing symptoms of COVID-19 (as guided by WHO) in any ways (such as cough, sore throat, runny nose, flu, shortness of breath, etc.) today or have had any such symptoms in the past 14 days, you will not participate in this study.**

**3. NONE OF YOUR HOUSELHOLD MEMBER/S YOU LIVE WITH IS CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 TODAY OR HAVE HAD ANY SUCH SYMPTONS IN THE PAST 14 DAYS, You understand if any of your household member/s you live with experiencing symptoms of COVID-19 in any ways today or have had any such symptoms in the past 14 days, you will not participate in this study.**

**4. NEITHER YOU NOR ANY OF YOUR HOUSEHOLD MEMBERS YOU LIVE WITH HAVE TRAVELED TO ANY [CONTAINMENT ZONE]/ [COVID-19 TRAVEL BANNED COUNTRIES] IN THE PAST 14 DAYS. You understand if you or any of your household members/s you live with have travelled to any [containment zone]/ [COVID-19 travel banned countries], you will not participate in this study.**

**5. NEITHER YOU NOR ANY OF YOUR HOUSEHOLD MEMBERS YOU LIVE WITH HAVE BEEN IN CLOSE CONTACT WITH SOMEONE WHO IS A [MANDATORY QUARANTINE PERSON] AS IDENTIFIED BY [THE LOCAL/NATIONAL HEALTH AUTHORITY] IN THE PAST 14 DAYS**

**You understand if you or any of your household member/s you live with have been in close contact with someone who is a [mandatory quarantine person] as identified by [the local/national health authority], you will not participate in this study.**

**6. YOU WILL WEAR A [MASK/CLOTH FACE COVERING] WHEN AT THE SITE. You will cover your mouth and nose with a [mask/cloth face covering] (either store bought or homemade using the [local/national health authority] & guidelines) at all times throughout your participation in the study.**

**7. YOU WILL FOLLOW THE SOCIAL DISTANCING NORM You will always maintain a distance of at least 1.5 meters (6 feet) throughout your participation in this study.**

**8. YOU WILL SANITIZE YOUR HAND AT REGULAR INTERVAL Before and after you use any item, material given to you for the purpose of the study and before and after you exit the venue where market research is conducted, you will sanitize your hands and handbag etc. YOU WILL FOLLOW THE GUIDELINES AND [OTHER COVID-19 PREVENTION PROCEDURE] LAID DOWN BY THE [LOCAL/NATIONAL GOVERNMENT]**

**You confirm that you will follow all the guidelines and [otherCOVID-19 prevention procedures] laid down by the [local/national government] to avoid spreading of coronavirus.**

**You hereby agree and confirm that you will abide by aforesaid throughout the fieldwork. Any lapse shall make you solely liable for it and you will not make MX liable.**

|  |  |
| --- | --- |
| **Yes** | **1** |
| **No** | **2** |

**Continue only if coded 1 “Yes.”**

**Respondent Confidentiality Disclosure**

Thank you for agreeing to participate in this Research on behalf of Market Xcel Data Matrix Pvt. Ltd.

Before you can participate in this research, we would like you to understand that it will involve products or packaging which may be confidential. By signing this agreement, you will agree as follows:

1. You will hold in confidence any information about the products or packaging that may be disclosed to you directly or indirectly by participating in this research.
2. You will not discuss any of the information about the products/ packaging disclosed to you with anyone, the test object is only to be assessed by the person agreeing to participate in the study and no one else – this includes verbal discussions, texts, blogs, twitters or any other medium.
3. Your contact details may be passed on to the research sponsor, in order for them to re-contact you in order to get further feedback from you if necessary.

You will be compensated for your time, commitment, and confidential obligation. Please confirm your acceptance of these terms by signing and dating this agreement in the space provided below.

I hereby acknowledge and agree to the terms.

By: (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK AND TERMINATE